

CT
100431
P. H. & H.

24—1924.

Wiltshire County Council.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1923.



P. H. & H.

24—1924.

Wiltshire County Council.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1923.

INDEX.

	PAGES
GENERAL STATISTICS—AREA, POPULATION, ETC.	5
EXTRACTS FROM VITAL STATISTICS—BIRTHS, DEATHS, ETC. ..	5
NOTIFIABLE DISEASES	6—7
TUBERCULOSIS	8—10
OPHTHALMIA NEONATORUM	10—11
CAUSES OF SICKNESS	11
PROFESSIONAL NURSING IN THE HOME	11
MIDWIFERY SERVICE	11—13
CLINICS AND TREATMENT CENTRES	13—14
VENEREAL DISEASES	14
HOSPITAL ACCOMMODATION	15—16
AMBULANCE FACILITIES	16
LABORATORY WORK	17
SEWAGE DISPOSAL AND RIVER POLLUTION	17—20
WATER SUPPLY	20
FOOD AND DRUGS ACTS, ETC.	21—22
PUBLIC HEALTH STAFF	22
MENTAL DEFICIENCY ACT	22
MATERNITY AND CHILD WELFARE	22—23
HOUSING	23—25

WILTS COUNTY COUNCIL.

Annual Report of the County Medical Officer of Health for the Year 1923.

Public Health Department,

County Offices,

Trowbridge,

April, 1924.

MY LORDS, LADIES AND GENTLEMEN,—

I have the honour to submit my fifth Annual Report on the Public Health of the County of Wilts.

The report is drawn up in accordance with the Ministry's Circular 451 of December, 1923.

I am pleased to be able to record that the professional staff of the Department has remained unchanged, except for the resignation of Mr. V. Brown, L.D.S., the Dentist for the northern area, and the appointment of Miss E. M. Scott, L.D.S., in his place. Continuous and systematic work has thus been possible throughout the whole of the year under review.

Your obedient servant,

CLAUDE E. TANGYE.

COUNTY MEDICAL OFFICER.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30279975>

1.—GENERAL STATISTICS.

Area (acres)	..	..	..	..	..	..	864,101
Population (1923)	..	..	for births	296,600	for deaths	..	290,880
Number of inhabited houses (1921)	..	..	..	..	..	..	66,874
Number of families or separate occupiers (1921)	..	..	..	..	..	..	69,248
Rateable Value	..	..	..	..	..	..	£1,916,591
Assessable Value	..	..	..	..	..	..	£1,474,254
Sum represented by a penny rate	..	..	..	..	..	..	£6,142

The estimate of population by the Registrar General shows an increase of about 3,000 on that for 1922.

2.—EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

(The figures in brackets are those for 1922).

					Total	Male	Female
Births	Legitimate	..	..	..	5,157 (5,240)	2,662	2,495
	Illegitimate	..	..	..	266 (284)	142	124
Birth Rate	..	..	..	..	18.28 (18.76)		
Deaths	..	..	..	..	3,195 (3,530)	Death Rate	10.98 (12.26)
Number of women dying in, or in consequence of, Childbirth	..	..	..	..	..	from sepsis	4 (3)
						from other causes	9 (21)
Deaths of Infants under one year of age per 1,000 births :—							
	No.	Rate	No.	Rate			
	Legitimate	258 47.57	Illegitimate	21 3.87	Total	51.44 (54.3).	
Deaths from	Measles (all ages)	..	..	..	..	..	9 (3)
„	Whooping Cough (all ages)	..	..	..	..	..	18 (21)
„	Diarrhoea (under two years of age)	..	..	..	..	..	14 (25)

With the exception of the birth-rate, which shows a further slight decline, the chief statistics for the year 1923 show a definite improvement over 1922.

The death-rate of 10.9 compares with 11.6 for England and Wales. Cancer and tuberculosis accounted for 443 and 238 deaths as against 359 and 214 in 1922. The number of deaths from influenza, however, was only 64 as compared with 155.

Wiltshire has compared unfavourably with many other Counties in the statistics of deaths due to child-birth, and it is therefore satisfactory to note a decrease of such deaths to 13 as against 24 in 1922.

The most encouraging feature in the statistics is the continued improvement in infant mortality. Just over 51 infant deaths per thousand births occurred during 1923, as compared with 69 in England and Wales generally. Wiltshire stands high amongst the Counties in the preservation of infant life, and the tendency to reduction of the County population by the lessening birth-rate is being more than cancelled by the increasing chance of life for each child born.

Deaths from measles and whooping cough were not excessive in view of the prevalence of these diseases, whilst those from diarrhoea were exceptionally low.

3. NOTIFIABLE DISEASES DURING THE YEAR.

DISTRICTS.	Smallpox.	Diphtheria.	Scarlet Fever	Enteric Fever	Puerperal Fever	Pneumonia, Primary and Influenzal	Erysipelas	Malaria.	Encephalitis Lethargica.	Dysentery	Cerebro-spinal Fever	Chickenpox
URBAN												
Bradford-on-Avon ...	—	2	2	—	—	2	—	—	—	—	—	—
Calne ...	—	—	11	—	—	—	—	1	—	—	—	—
Chippenham ...	—	1	8	—	—	—	2	—	—	—	—	28
Devizes ...	—	1	14	—	—	—	1	—	—	—	—	—
Malmesbury ...	—	—	—	—	—	5	—	1	—	—	—	4
Marlborough ...	—	1	6	—	—	3	—	—	—	—	—	—
Melksham ...	—	2	1	—	—	1	—	—	—	—	—	—
Salisbury ...	—	80	16	2	—	7	—	—	—	—	—	—
Swindon ...	3	18	163	—	—	68	16	3	1	4	—	260
Trowbridge ...	—	2	6	—	—	—	1	—	1	—	—	8
Warminster ...	—	1	12	—	—	—	1	—	—	—	1	—
Westbury ...	—	—	3	—	1	1	—	—	—	—	—	—
Wilton ...	—	—	—	—	—	—	—	—	—	—	—	—
RURAL												
Amesbury ...	—	3	45	—	—	3	3	—	—	—	—	—
Bradford-on-Avon ...	—	1	4	—	—	1	—	—	—	—	—	—
Calne ...	—	—	19	—	1	1	—	—	—	—	—	—
Chippenham ...	—	2	43	—	1	2	9	—	—	—	—	103
Cricklade & Wootton Bassett	—	3	12	—	—	1	1	—	—	—	—	64
Devizes ...	—	—	15	—	1	2	—	—	—	2	—	—
Highworth ...	—	6	14	—	—	2	6	—	—	—	1	50
Malmesbury ...	—	—	2	—	—	4	2	—	—	—	—	13
Marlborough ...	—	16	4	—	—	2	2	—	—	—	—	—
Melksham ...	—	1	2	—	1	1	1	—	—	—	—	—
Mere ...	—	1	—	—	—	4	—	—	—	—	—	—
Pewsey ...	—	2	66	—	1	9	2	—	1	—	—	—
Ramsbury ...	—	29	33	—	1	10	2	—	—	—	—	—
Salisbury ...	—	5	16	1	—	1	1	1	—	—	—	—
Tetbury ...	—	—	—	—	—	—	—	—	—	—	—	—
Tisbury ...	—	5	5	—	—	5	—	—	—	—	—	—
Warminster ...	—	3	10	—	2	—	—	—	—	—	—	—
Westbury ...	—	3	6	—	—	—	1	—	—	—	—	—
Wilton ...	—	5	—	1	—	3	1	—	—	—	—	—
Urban Districts ...	3	108	242	2	1	87	21	5	2	4	1	300
Rural Districts ...	—	85	296	2	8	51	31	1	1	2	1	230
Administrative County—												
Cases notified ...	3	193	538	4	9	138	52	6	3	6	2	530
Deaths ...	—	12	2	—	4	Not known	—	—	—	—	—	—

The three notifications of cases of smallpox were made at Swindon, and the patients were removed to the Swindon Joint Isolation Hospital.

The total of 193 cases of diphtheria was about the same as that of the previous year, with 12 deaths as compared with 14. Eighty of these cases were notified in the City of Salisbury.

Scarlet fever notifications amounted to 538 as compared with 908 in 1922. Swindon contributed more than one-quarter of the total cases, and the Amesbury, Chippenham, Pewsey and Ramsbury Rural Districts continued in the earlier part of the year to be widely affected by this disease. The type, however, was extremely mild, only two of the large number of cases terminating fatally.

Enteric fever, which not many years ago was common in rural areas, has now become a rarity in the County. The four cases notified during the year under the enteric group were all discovered either in Salisbury City or its neighbourhood. All were proved to be cases of Paratyphoid B, a disease resembling typhoid but usually much less virulent. One of these patients was infected in London, but no connection was discovered between any of the cases. All eventually recovered.

Puerperal fever was notified in nine cases of lying-in women during the year, as compared with six in 1922. Four of the cases proved fatal, one in the Westbury Urban District, and one each in the Calne, Chippenham and Warminster Rural Districts. The following table shows in what class of practice the cases of puerperal fever occurred:—

Attendants.						Births	Cases of Puerperal Fever.	Rate per 1000 births
Bona-fide Midwives	..	..	..	..	..	824	—	—
Trained Nurses, including District Nurse Midwives	..	..	..	..	..	2,600	6	2.31
Doctors	..	..	..	..	..	1,999	3	1.50

Every case was carefully investigated, and the infection could not in any instance be proved to have been introduced through carelessness of the midwife. As in past years, the curious fact stands out that, in spite of the deficiencies of the untrained midwives in many respects, they have less cases of puerperal fever in their practices than the trained women. The trained midwives, however, are mostly so situated that they cannot refuse to attend any woman in their area, and their advantages in training bring corresponding responsibilities in practice which can be avoided by the untrained woman.

The cases of pneumonia notified were less than half of those in the preceding year. These notifications are confined to primary pneumonia and pneumonia following influenza, and therefore do not comprise all cases of this disease, and it is probable that the notifications are far from complete even in respect of cases which should have been notified. No figures as to deaths from these particular types of pneumonia are available at the time of writing, and the statistics under this head are therefore of little value.

The cases of encephalitis, dysentery and cerebro-spinal fever do not call for special comment.

In the middle and northern areas, owing to the proximity of cases of smallpox in another County various Sanitary Authorities made chickenpox notifiable. The 530 cases of chickenpox were only notified in the middle and north of the County, and during a part of the year.

The following is a summary of infectious cases amongst school children, informally notified by Head Teachers during the year:—

Scarlet Fever	..	..	..	166	Chickenpox	..	..	746
Diphtheria	..	..	..	34	Mumps	..	..	462
Measles	..	..	..	938	Influenza	..	..	183
Whooping Cough	..	..	..	1158				

TUBERCULOSIS

Dr. Crossley continued to act as Tuberculosis Officer, assisted by Dr. Bowes, Assistant County Medical Officer in the Southern part of the county. The latter also acts as Medical Officer to Harnwood Hospital for advanced cases. This arrangement has enabled 558 home visits to be paid to patients during the year as compared with 420 in the previous year.

DISPENSARIES.—Clinics are held from 11 a.m. to 1 p.m., as follows :—

No. 15, Milton Road Swindon, Thursdays—Dr. Crossley.

The School Clinic, Bythesea Road, Trowbridge, Wednesdays—Dr. Crossley.

The General Infirmary, Salisbury, Fridays—Dr. Bowes.

SANATORIA BEDS.—The County Council maintain 32 beds at Winsley Sanatorium, and the daily average number of patients in these beds during 1923 was 30.7 as compared with 30.3 in 1922.

HOSPITAL BEDS.—Harnwood Hospital, Salisbury, has 42 beds, 30 being for male and 12 for female patients. The daily average number of patients was 37.5 as compared with 34.2 in 1922. The demand, especially for the female beds, continues to be more than maintained. This Hospital was provided for pulmonary cases, though occasional chronic non-pulmonary cases are admitted. The available accommodation and nursing for the latter are, however, strictly limited, and the present County Scheme does not admit of Institutional treatment for the general run of these cases.

NON-PULMONARY TUBERCULOSIS.—Nineteen patients have been maintained during the year by the County Council at the following special Hospitals ; one at Alexandra Hospital, Swanley, one at Wingfield Orthopædic Hospital, Oxford, twelve at Savernake Hospital, and five at The General Infirmary, Salisbury. Most of the rest of the notified cases of non-pulmonary tuberculosis have received treatment at the various General and Cottage Hospitals, as ordinary hospital patients.

SHELTERS.—The 40 Shelters, seven of which are at Harnwood Hospital, one each at Trowbridge and Malmesbury Cottage Hospitals, have been in full use during the year.

EXAMINATION OF SPUTA.—This is undertaken at the expense of the County Council, for all medical practitioners in the county.

Medical Practitioners may obtain the necessary outfits from The Pathologist, Bath Central Laboratory, Royal United Hospital, Bath, or the Pathologist, The General Infirmary, Salisbury. A total of 509 specimens was thus examined for practitioners during the year, 300 at Bath and 209 at Salisbury.

X-RAY EXAMINATIONS.—An arrangement has been sanctioned for X-Ray Examinations by approved private practitioners at Trowbridge and Salisbury. These examinations have been reserved for exceptional cases and only three were made during the year.

PROVISION OF SURGICAL APPLIANCES.—These, in the form of splints, crutches and dressings, have been supplied to five patients during the year on the recommendation of the Tuberculosis Officers.

HOME NURSING.—This has only been provided for one patient during the year. The County Council can pay for such nursing, if application is made to the Tuberculosis Officers and sanction secured. Such application should be made at the commencement of treatment, as it is not possible to pay retrospectively for nursing which has been privately arranged.

EXTRA NOURISHMENT.—Under the Ministry's restriction of extra nourishment to early cases no scope has been found during the year for its supply.

TRAVELLING EXPENSES OF PATIENTS.—Necessitous patients, who would not otherwise be able to attend the dispensaries or travel to the institutions, are paid their travelling expenses by the County Council. During the year, the sum of £5 : 14 : 2 was paid for Railway expenses and £37 · 15 : 6 for Ambulance charges.

SCHOOL CHILDREN.—The following table shows the institutional treatment provided for School Children :—

	Pulmonary cases	Non-Pulmonary cases	Pre-Tubercular cases
Savernake Hospital	—	7	—
Harnwood Hospital	2	—	—
Winsley Sanatorium	7	2	11
TOTAL	9	9	11

Besides the above, many weakly children have been examined, for whom little can be done without institutional care which is not at present available.

NOTIFICATIONS OF DEATHS.—Deaths from tuberculosis are notified, as they occur, to the County Medical Officer of Health by the local Registrars of Births and Deaths. The information thus obtained is made use of through the Health Visiting Staff, and is proving valuable.

DENTAL TREATMENT.—During the year, dental treatment has been given by the County Dentists to 29 patients, either at the Tuberculosis Dispensaries or by visits to Winsley Sanatorium or Harnwood Hospital.

The following table shows the work under the County Council's scheme during the year 1923, and during the period since July, 1912, when the Insurance Act came into force, and the tuberculosis work of the County Council began :—

	1923	1912-23
Number of new cases sent to Dispensaries for examination by Tuberculosis Officers	562	7884
„ Children (included in above)	158	2117
„ Attendances at Dispensaries	1583	21837
„ New cases of pulmonary tuberculosis seen at Dispensaries ..	170	2346
„ New cases of non-pulmonary tuberculosis seen at Dispensaries	27	372
„ Patients visited at own homes by Tuberculosis Officers ..	558	2927
„ Patients treated at Winsley Sanatorium	156	1298
„ Patients treated at Harnwood Hospital	121	377
„ Patients treated at Special Hospitals	19	73
„ Patients provided with open-air shelters	45	405
„ Patients provided with splints, dressings, etc.	5	—
„ Patients treated by County Council Dentists	29	—

NOTIFICATION.—The total number of primary notifications by practitioners of all forms of tuberculosis during the year was 446 viz :—pulmonary tuberculosis 299 (comparing with an average of 334.8 during the previous 10 years), non-pulmonary tuberculosis 147 (comparing with an average of 99.0 during the previous 10 years).

Information was received during the year from the Local Registrars of the deaths of eighteen cases of pulmonary and ten cases of non-pulmonary tuberculosis which had not been notified during life.

The Public Health (Tuberculosis) Regulations, 1912, made compulsory the notification of all forms of tuberculosis, whether pulmonary or non-pulmonary, and it is regrettable to have to record that in 1923 more than 11% of deaths from tuberculosis occurred in patients whose condition was not officially known.

Every opportunity is taken to impress the necessity of notification on practitioners, but the result still remains unsatisfactory.

The following table shows the age groups of the total 474 new cases, including those notified by practitioners and reported after death by Registrars :—

Age periods.	Pulmonary		Non-Pulmonary	
	M	F	M	F
0	1	—	4	2
1	1	—	10	12
5	4	1	15	17
10	8	11	11	14
15	15	20	9	8
20	24	31	7	4
25	53	49	11	10
35	28	24	5	6
45	19	9	4	3
55	10	4	2	1
65 and upwards	3	2	—	2
TOTAL	166	151	78	79

The total number of deaths due to tuberculosis was 238, consisting of 175 due to pulmonary, and 63 due to non-pulmonary infection.

The general death rate from tuberculosis for the county was 0.81 per 1,000 of the death-rate population.

OPHTHALMIA NEONATORUM.

Fifty-six cases were notified during the year, comparing with 38 in 1922 and 25 in 1921. The increase is probably due chiefly to the growing practice at Swindon of notification by midwives of all cases of inflammation of the eyes, however slight, thus including many cases which subsequent careful investigation at the Swindon Borough Child Welfare Clinic shows not to be ophthalmia neonatorum. This practice is definitely encouraged by Dr. Brewer, the Swindon Medical Officer of Health, and myself, and the results have been most satisfactory from the point of view of prompt discovery and treatment of every real case of ophthalmia, though the number of cases notified on suspicion are naturally larger than formerly, when midwives in the Swindon area were too apt to wait until there was not the slightest doubt of the diagnosis and little hope of cure. The total of fifty-six cases included thirty-five notified in the Borough of Swindon.

As far as can be ascertained, only six infants were treated as in-patients in hospitals in the County, the rest receiving attention at home, or by regular visits to clinics. Vision was eventually reported unimpaired in fifty-one cases, but in two severe cases discovered in Swindon, vision was definitely impaired in spite of early discovery and treatment. This record of two children destined to grow up partially blind from a condition usually regarded as preventable and curable is in regrettable contrast with the record for 1922, when no child's eyes were permanently damaged from this cause. Skilled and continuous treatment was, however, provided in these two cases, but in one instance the infant was not brought to a doctor until the disease had been in existence nearly a month, and the delay in treatment therefore accounted for the bad result.

The remaining three cases were notified in infants who died soon after from feebleness, probably due to venereal disease.

4.—CAUSES OF SICKNESS.

There has been no outstanding variation in the usual causes of sickness and invalidity during the year. The incidence of influenza was less in extent and severity of pulmonary complications than in 1922, but was accompanied towards the close of the year by severe gastro-intestinal complications in many instances, and in others by nephritis.

5.—SUMMARY OF NURSING ARRANGEMENTS, HOSPITALS, AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

PROFESSIONAL NURSING IN THE HOME.

The general nursing is either undertaken by private nurses supplied through nursing agencies and otherwise, or by District Nurse-Midwives working under Voluntary District Nursing Associations. Home nursing for infectious diseases, such as measles, is, to some extent, similarly supplied. For none of these services is financial assistance provided by the County Council, and such work is only co-ordinated with the various activities of the County Council inasmuch as the District Nurse is usually also the District Midwife and part-time Health Visitor and School Nurse, and her work generally is within the purview of the Health Department of the County Council. Owing, moreover, to the arrangement by which Dr. Agnes Semple, Assistant County Medical Officer and Inspector of Midwives, acts also as executive officer of the County Nursing Association, the whole range of work of the County Nursing Association is performed in close co-operation with the County Council. This co-operation is particularly valuable in the selection of candidates for training, the supervision of their training, their allocation to suitable areas; and also in the formation of new District Associations, and the maintenance and assistance of existing Associations.

MIDWIVES.

During the year 237 midwives gave notice of their intention to practice midwifery in the County, 215 of whom held the Central Midwives Board Certificate or that of an equivalent qualifying body, whilst the remaining 22 were bona-fide women who were in practice prior to the passing of the Midwives Act, 1902, and had passed no examination. The total number of practising midwives in 1922 was 214.

The following table has been compiled from the returns received from the midwives of their work during the year 1923 :—

				Cases attended.		
				As Midwife	As Maternity Nurse	Total
Trained nurses of Associations	..	..	..	1748	472	2220
Trained nurses in private practice	..	..	..	749	287	1036
Bona-Fide Midwives	..	..	..	824	123	947
Four County Maternity Homes	..	..	..	75	122	197
Retreat, Mere	..	..	..	28	—	28
				3424	1004	4428

The number of bona-fide women in practice in the County has now been reduced to 22, as against 24 in 1922.

Four bona-fide women with town practices attended over 100 cases each during the year, the respective numbers being as follows :—180, 128, 124 and 112.

Certified midwives attended 3,424 births in the County during the year, or 63% of the total births registered in the County. The average number of births attended by midwives, acting as midwives and maternity nurses, was just under 19 each per annum.

The following notices were received from midwives during the twelve months, the corresponding figures for 1922 being given in brackets.

Sending for Medical Aid	..	..	..	..	..	681	(652)
Laying out the Dead	..	..	..	..	..	30	(33)
Temperature Charts (in special cases)	..	..	..	..	..	25	(20)
Contact with Infectious Disease	..	..	..	..	..	27	(19)
Still-Births	..	..	..	..	..	66	(79)
Deaths of Mothers or Children	..	..	..	..	..	9	(10)
Artificial Feeding	..	..	..	..	..	95	(73)
						<hr/> 933	<hr/> (886)

No case of infringement of the rules of the Central Midwives Board was reported to the Board during the year, but various lapses on the part of practising midwives received the consideration of the Supervising Authority, and were dealt with by censure.

Continuous supervision of midwifery practice in the County is maintained through the County Health Staff. The work is exacting in its nature, and not always pleasant in performance, but the necessity for it is constantly in evidence.

The County Council continued to make payments during the year to some 70 District Nursing Associations, and to 6 certified midwives. The allocation of the available total amount to the various Associations has been the subject of much consideration by the Committee, and the ultimate distribution has insured the continuance of many Associations which could not otherwise have been maintained.

The work of the six subsidised midwives has been watched with particular care, and, for the most part, these midwives afford a valuable means of providing for areas otherwise unserved. The rest of such areas have their needs met either by payment by the County Council of travelling expenses to induce neighbouring midwives to take cases therein, or, very exceptionally, by admitting cases therefrom to the County Maternity Homes.

One midwifery scholarship was awarded by the County Council towards the close of the year, but was afterwards cancelled owing to the pupil proving unsuitable. A number of nurses received free training, however, under the Wilts County Nursing Association. These nurses are afterwards drafted to various parts of the County as District Nurses, and are required to serve for at least three years in that capacity in the County.

The following are the statistics in regard to the working of the Midwives Act, 1918, during the year, the corresponding figures for 1922 being given in brackets :—

Number of cases in which certified midwives sent for medical aid	..	681	(652)
Number of cases in which the doctor claimed fees from the County Council		398	(305)
Percentage of cases in which the doctor claimed fees from the County Council		58.4	(48.2)
Approximate amount of doctors' fees paid by the County Council	..	£888	(£590)
Approximate amount recovered from the patients	.. ..	£234	(£220)
Balance not recovered	.. ..	£647	(£370)
Less 50 per cent grant from Government Funds	.. ..	£323	(£185)
Net sum payable by County Council for the twelve months	.. ..	£323	(£185)

The financial details given above refer to the respective financial years, and not to the calendar years as in the case of the other statistics.

The increasing expenditure under this Act is automatic and not subject to control, except in so far as repayments from patients can be obtained. These repayments are not keeping pace with the total expenditure, but the total expense is more than justified so long as a proper degree of obstetric skill on the part of the practitioner is assured.

CLINICS AND TREATMENT CENTRES

MATERNITY AND CHILD WELFARE CENTRES.—Only one Centre is administered directly by the County Council. This is held at Trowbridge, and has attained an unexpected measure of success in view of the obvious structural deficiencies of the building—a small villa residence—for this work. Dr. Agnes Semple reports as follows on the year's work :—

“ During the year 1923 the meetings of the clinic have been held on Tuesdays from 2 to 5 p.m. The premises used are still those of the School Clinic in Bythesea Road, and great difficulty has arisen on some occasions from restricted accommodation when the attendance has been particularly good.”

“ The premises are otherwise scarcely adapted for a clinic run on up-to-date lines, as there is no suitable room for talks to the mothers on the care of infants. The attendance is also affected by the lack of covered space for perambulators, especially in wet weather.”

“ The largest attendance at one session was 36, and a total for the year of 857 attendances of infants was reached. The number on the roll on January 1st, 1924, was 128 infants under one year, and 51 over one year—this is the total since the opening of the clinic in 1922.”

Four other centres are in active work under Voluntary Committees.

At Ashton Keynes a clinic is held on the first Wednesday of each month in the Parish Room, and is attended by the local Medical Practitioner and District Nurse.

At Downton a clinic is held fortnightly on Fridays, and is also attended by the local Medical Practitioner and District Nurse.

At Malmesbury a clinic is held in connection with the Cottage Hospital on the first and third Friday of each month. No medical man is available for this clinic, but it is attended by the Matron of the Hospital and District Nurse.

At Wilton a clinic is held in the Church Room on the first and third Thursday of each month, and is attended on the first Thursday of each month by the Medical Officer. There were 195 attendances during the period 1st March, 1923 to 31st March, 1924.

The latter clinic has been approved by the Ministry and receives a grant. The other voluntary clinics could probably receive similar recognition.

The supplies of milk and Roboleine, though not often arranged through the child welfare clinics, may conveniently be mentioned here.

Roboleine and Full Cream Trumilk is supplied for backward infants, after proper recommendation, on repayment by parents at wholesale prices. A total amount of 137 lbs. of Roboleine and 13 lbs. of Full Cream Trumilk was thus supplied during the year.

Twenty-nine new applications for milk for mothers and infants were received during 1923, of which 22 were granted and 7 refused. Thirty-nine applications for renewal from persons who had previously received a supply were received, 37 of which were granted, and 2 refused. The quantity of milk supplied was usually one pint per day, but this was increased in a few special cases to two

pints per day. Careful enquiry was always made into the applicants' circumstances before an allowance was given, and no allowance was made for more than a period of one month at a time. The number of cases in which this provision was made was rather larger than in 1922, but all were definite cases of necessity.

DAY NURSERIES.—None exist in the County area.

SCHOOL CLINICS.—The only such clinic is held on Tuesday and Saturday mornings at the Bythsea Road premises, which are used also by the Child Welfare Clinic as mentioned. The work of this school clinic is described in the current School Medical Report.

TUBERCULOSIS CLINICS.—These are dealt with under Tuberculosis in Section 3.

VENEREAL CLINICS.—The Swindon Clinic is the property of the County Council, the premises at Salisbury are rented by the County Council from the Infirmary, and the County Council's share in the Bath Clinic is on a contributory basis determined by the amount of in-patient and out-patient treatment received by Wilts patients.

The following table shows the days and times of clinics :—

	<i>Men</i>	<i>Women</i>
Swindon	Wednesday, 7—8.30 p.m. Saturday, 1.30—3 p.m.	Tuesday, 5—6.30 p.m. Friday, 2—3.30 p.m.
Salisbury	Tuesday, 11.30 a.m. Friday, 6.0 p.m.	Wednesday, 6.0 p.m. Saturday, 11.30 a.m.
Bath	Friday, 5—7 p.m. Saturday, 5—7 p.m.	Tuesday, 5—7 p.m.

The following table shows the number of patients who attended and were treated at the various Clinics, as in-patients and out-patients, and also the number of doses of Salvarsan substitutes given during the year, the figures for 1922 being given in brackets for comparison.

CENTRE	No. of Persons seen for the first time and found to be suffering from			Conditions other than Venereal	Total	Total No. of Attendances at the out-Patient Clinics of Wiltshire Patients	Aggregate No. of In-Patient days of Wiltshire Patients.	No. of Doses of Salvarsan Substitute given in	
	Syphilis	Soft Chancre	Gonorrhoea					Out-patient Clinics.	In-Patient Depts.
Bath	13 (13)	1 (1)	15 (13)	16 (11)	45 (38)	521 (562)	90 (10)	124 (197)	9 (1)
Salisbury	42 (22)	— (—)	18 (41)	33 (56)	93 (119)	3217 (4769)	200 (644)	275 (170)	70 (16)
Swindon	51 (41)	— (—)	52 (51)	41 (29)	144 (121)	3311 (2240)	44 (219)	231 (186)	1 (—)
†Bristol	3 (2)	— (—)	— (1)	4 (5)	7 (8)	36 (44)	14 (—)	23 (5)	— (—)
†London	—	—	—	—	1	19	—	7	—
†Reading	— (—)	— (—)	1 (—)	— (—)	1 (—)	59 (102)	25 (—)	10 (32)	— (—)
TOTALS	110 (78)	1 (1)	86 (106)	94 (101)	291 (286)	7163 (7717)	373 (873)	670 (590)	80 (17)

† The details of attendances of Wilts patients at clinics in Bristol, London, and Reading are kindly supplied by the clinics concerned. No formal arrangement exists with these clinics.

Generally speaking the work of the various clinics is well maintained, and there is no doubt that they continue to fulfil a valuable function, which, without these clinics, would rapidly become neglected.

HOSPITALS PROVIDED OR SUBSIDISED BY THE COUNTY COUNCIL.

(i) TUBERCULOSIS HOSPITALS.—These have been mentioned under Section 3.

(ii) MATERNITY HOMES.—Beds are available for County cases at four Maternity Homes in the County, and the following table shows the number of beds available for County Council patients, and the actual admissions :—

	Accommodation available for County Council patients.	No. of County Council cases admitted during 1923.	No. of other cases admitted during 1923.
Malmesbury Cottage Hospital	3 beds	10	23
Corsham Maternity Home	6 beds	33	7
Swindon Maternity Home	5 beds	11	94
Salisbury General Infirmary, Maternity Ward	As required	31	57

The County Council contributed a considerable portion of the cost of equipment at Malmesbury and Corsham, and also pays a weekly maintenance rate per bed occupied, but nothing beyond the annual rental or retaining fee when beds are unoccupied. At Swindon the financial arrangements were made with the Swindon Borough Council, the County Council being responsible for 5/11ths of equipment and the running expenses. At Salisbury a weekly maintenance rate is paid per case per bed occupied, and this maintenance rate is subject to reduction as the average weekly cost of in-patients in the Infirmary drops.

All patients are expected to contribute to the County Council towards the expense of their maintenance, according to their means. At Swindon and Salisbury the sums so collected are credited directly to the County Council, but at Corsham and Malmesbury the Institution receives these contributions, and the charge per case made to the County Council is therefore based on a proportionately lower scale.

The main qualifications for admission to County Council beds are as follows :—

- (a) Residence in the County of Wilts, outside the Borough of Swindon and City of Salisbury.
- (b) Home surroundings unsuitable for confinement.
- (c) Want of proper medical or nursing attention owing to inaccessibility of home.
- (d) Anticipated complications of labour or ante-partum conditions needing institutional care.

(iii) CHILDREN'S HOSPITALS.—None are provided or subsidised by the County Council.

(iv) FEVER HOSPITALS.—The two large Isolation Hospitals of the County, at Salisbury and Swindon respectively, supply the needs of large populations and demonstrate the possibilities of economy and efficiency when a large community is served by a single unit with proper ambulance facilities.

The Salisbury Joint Isolation Hospital officially serves the City of Salisbury, the Borough of Wilton, and the Rural Districts of Amesbury, Salisbury and Wilton. There is also an arrangement by which cases are admitted from the Rural Districts of Tisbury and Mere. In this way the whole of the South of the County is provided for satisfactorily as far, at all events, as the officially constituted group is concerned.

The Swindon Joint Isolation Hospital serves the town of Swindon and the Rural District of Highworth. The Rural District of Cricklade and Wootton Bassett is geographically also within the area which should be served by the Swindon Hospital, but is at present served by a small hospital of its own, which can safely admit only one kind of disease at a time.

The Devizes Joint Hospital serves the Borough and Rural District of Devizes and the Rural District of Pewsey. It is a well equipped and well administered hospital unit, lacking however in sufficient observation ward accommodation. This deficiency leads at times to the discharge block being used for observation cases, and patients being discharged without the full precautions which can only be obtained by the free use of a discharge block.

The Trowbridge Joint Isolation Hospital serves the Trowbridge, Bradford, Melksham and Westbury Urban Districts and the Bradford, Melksham and Westbury Rural Districts. This represents an area of suitable size, and the recent provision of a motor ambulance renders the most outlying parts readily accessible.

Chippenham Joint Isolation Hospital serves at present the Borough and Rural District of Chippenham only. A satisfactory area could be made by the inclusion of the Borough and Rural District of Malmesbury, which for some time have been without isolation hospital accommodation, and have sent patients by arrangement to this Hospital. The extension of the buildings at present in contemplation would provide a satisfactory hospital for the area if this were enlarged as indicated.

Calne Isolation Hospital is a small unit serving the Borough and Rural District of Calne only.

Marlborough Isolation Hospital until recently has served Marlborough Borough and Rural District only, but the Ramsbury Rural District Council have now become partners in the Hospital, where a new ward has been erected for the necessary additional accommodation. This arrangement, arrived at as a result of the disasters arising from the use of the overcrowded hospital at Abingdon in 1922, is a satisfactory solution of the problem as far as the Ramsbury Rural District is concerned.

Warminster Isolation Hospital serves the Urban and Rural Districts of Warminster. This area is small and might well be enlarged by the addition of the Mere Rural District, which appears at present to have no very definite arrangements with Salisbury or elsewhere.

From the above statement the desirability for a reconsideration of hospital areas and of Isolation Hospital accommodation is apparent, both for the sake of economy and efficiency.

(v) SMALLPOX HOSPITALS.—The provisional arrangement still continues whereby the existing Swindon and Salisbury Smallpox Hospitals are temporarily available for any cases that may occur in the northern or southern parts of the County respectively.

The Ministry have, as a result of a Public Inquiry held on the 25th September, 1923, issued an Order, dated the 16th November, 1923, constituting the County Council the Authority for dealing with smallpox within the County. Though little could be done in the year under review to advance the County scheme, progress has been made since the year closed, and it should not be long before a permanent scheme will be in existence taking the place of the present provisional arrangement. Under this scheme, the Salisbury Smallpox Hospital is to be acquired by the County Council to serve the south of the County, and a new hospital built at Ogbourne to serve the north.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS.

The only such institution is the Retreat, Mere, which is administered by a voluntary association assisted by grants from the Ministry. This Institution has 16 beds, and admission is not restricted to any particular part of the County. Two Wilts cases have been admitted within the last two years.

AMBULANCE FACILITIES.

All Isolation Hospitals, with the exception of Marlborough and Calne, have motor ambulances for infectious cases. Non-infectious and accident cases are dealt with by the numerous Red Cross Ambulances in the County, or by private arrangement.

6.—LABORATORY WORK.

The only use to which the County laboratory is put as such is for the examination of hairs for ringworm. The newly-established laboratories in connection with the Salisbury Infirmary and Bath Royal United Hospital have done a great deal of work for the County Council and practitioners in Wilts. The County Council work has consisted mainly of examinations for tubercle and diphtheria, with occasional special investigations.

Wassermann tests of blood from suspected venereal cases are conducted for all the County Venereal Clinics at Bristol University, though much unofficial work of this kind is done at both the Hospital laboratories mentioned.

Chemical analysis of samples of effluents from sewage works, &c., continue to be made for the County Council by Messrs. Waterfall and O'Brien, of Bristol.

The County Analyst, Dr. Bernard Dyer, conducts all work under the Food and Drugs Acts, but this is not within the purview of the Public Health Committee.

Diphtheria anti-toxin is issued by the District Sanitary Authorities, but a small stock of other special sera is kept by the County Medical Department.

7.—SANITARY ADMINISTRATION.

SEWERAGE AND SEWAGE DISPOSAL, INCLUDING RIVER POLLUTION.

The Sewage Works of the County were inspected as usual during the year, and the following is a brief summary of the conditions found, particularly in respect of the existence or otherwise of river pollution.

URBAN DISTRICTS.

Bradford-on-Avon.—The filter medium of the beds has been in process of washing. No sample was taken during the year.

Calne.—The increase of domestic sewage and of trade waste from the staple industry of the town, since the completion of the existing plant in 1882 has resulted in a sewage sick condition of the restricted areas of land used for intermittent downward filtration. The samples taken during the year again showed serious pollution, and the County Public Health Committee therefore drew the Borough Council's attention to the necessity for action. I am glad to record that the Borough Council have formally expressed their opinion that it is necessary to re-model the outfall works, and are contemplating the installation of an efficient scheme.

Complaints were received of pollution of the Marden by the Back Brook, a small stream running first in a culvert and thereafter in an open water-course through the town. Although the pollution has undoubtedly been conveyed in this channel in the past, and conditions were not ideal early in the year, no cause for anxiety was revealed by analysis or by frequent special inspections. Through the attention given to this matter by Mr. Bateman, the Borough Surveyor, this stream cannot at the present time be regarded as capable of adversely affecting the Marden.

Chippenham.—The Westmead Works, which receives the greater part of the town sewage, continued as in previous years to pollute the Avon on an extensive scale. Definite action to remedy this matter is long overdue.

Pollution was also occurring from the smaller Patterdown Works when inspected in August during heavy rain.

Devizes.—A rather unsatisfactory analysis was again obtained of the final effluent, resulting from land treatment of the liquid from the Dibden slate beds and secondary clinker beds. This effluent enters a tributary of the Semington Brook, which eventually joins the Avon.

Under an old agreement the Borough Council is responsible for clarifying the sewage, and the owners of the large irrigation area for purifying it thereafter. One of the two owners of this land is the County Council, and the position is therefore somewhat involved.

A conference of representatives of all the parties was held in November on the spot, and their various responsibilities were investigated. Certain alterations at the Works, together with more attention to irrigation were severally promised, and there is every hope that cause of complaint may be avoided in future.

Malmesbury.—Conditions as to pollution of the Avon by town sewage remain as previously described.

The Milk Factory has given rise to no complaint during the year, though the method of dealing with milk waste is not ideal.

Marlborough.—The River Kennet has been polluted for a long time through inefficient treatment of the sewage from Marlborough. In consequence of pressure by the Thames Conservancy Board extensive alterations and additions to the Works have been decided upon, and an Inquiry by the Ministry was held in July.

Whilst it is satisfactory to record that serious steps are thus being taken to obviate pollution in future, the Ministry have made a very significant statement to the Council upon the exceptionally neglected condition of the existing Works, and the waste of money that would result from the construction of new works unless they are to be properly worked and maintained.

Elsewhere than at Marlborough it is not an uncommon experience to find costly installations failing in their purpose in consequence of neglect.

Melksham.—The Works are of modern type and receive careful management. The sample taken in August gave a very fair analysis, and, as on previous occasions, no pollution of the Avon was discovered.

Salisbury.—These Works are of modern type and have been found consistently satisfactory on inspection. The analysis of the effluent sampled in August was particularly good.

Swindon.—About one-sixth of the town sewage is treated at Broom Farm, and the remainder at Rodbourne Farm.

The Broom Farm Works are not up-to-date in design, and parts of the system were found to require cleaning when inspected. A sample of the effluent as it passed into the Ray gave a poor analysis.

The Rodbourne Farm Works were found in process of re-construction and enlargement. The effluent from the existing disposal system was as unsatisfactory as in the past. This also passes into the Ray, and the resultant pollution has been the cause of the pressure exerted by the Thames Conservancy Board upon the Town Council, which has led to the present extensive scheme of re-construction.

Trowbridge.—Since the developments described in my last Report, the Sewage Works have produced a uniformly good effluent, and the old culvert has not again been found to discharge polluting matter. The pollution by trade effluents from the various woollen factories has, however, continued unabated. Various conferences were held on this matter between the District Council and the mill owners, but no decision as to definite action had been taken up to the end of the year.

Warminster—At the annual inspection the pumping plant was found broken down, and some minor defects were discovered at the broad irrigation area. The sample of effluent taken for analysis as it entered the Wylye gave a poor result, and formal communications were therefore addressed to the District Council. At the District Council's request I attended a Committee meeting for the purpose of considering suggestions by the Surveyor, Mr. Lawton, for improvements in the disposal system. These proposals were the most suitable that could be made under the circumstances to ensure the utmost efficiency of the present system of land treatment, and as such deserve every chance.

If, however, in spite of every improvement of the existing means of disposal, the results of analysis continue unsatisfactory, it will not be possible to avoid the conclusion that the land is too limited in area to deal with the present quantity of sewage. In that case, there will be no alternative but to proceed with the construction of rotary filter beds, as foreseen and provided for when the distributing tanks were placed in their present position some years ago.

Westbury.—The new Works when inspected were almost complete, and, with the new sewers, should permanently remedy the long standing nuisance from sewage in ditches, as well as provide efficient drainage in the town itself.

Wilton.—The disposal system consists of distributing tanks and broad irrigation on some thirty acres on the chalk. As no effluent into any water course has been observed, no necessity for comment arises under the present head.

RURAL DISTRICTS.

Amesbury Rural District.—No effluent results from the small broad irrigation area dealing with the sewage from Amesbury.

The Winterbourne, passing through the village of Shrewton to join the Wylye, has received considerable pollution from a large laundry. A disposal system was installed during the year by the owner at considerable expense, which should prevent the fouling of the stream in the future.

Bradford-on-Avon Rural District.—The effluent from the small disposal system at Holt again gave a bad analysis early in the summer, and the attention of the District Council was called thereto. This Works had been considerably improved when inspected later in the year, and it is to be hoped that recurrence of the old conditions will now be avoided.

Not far from the Sewage Works the Avon receives intermittent discharges of very foul tanning waste, whilst near Staverton it is polluted by a Milk Factory and a Laundry.

In the same Rural District, pollution of the Midford Brook, a tributary of the Avon, by certain houses at Monkton Combe, in Somerset, gave rise to complaint. I met Dr. Savage, the Somerset County Medical Officer, and the Bath Rural District Sanitary Inspector, and we investigated the local conditions. The brook is already polluted by sewage further up stream in Somerset, and there is little visible or analytical evidence of further pollution from Monkton Combe. As moreover the latter pollution is not increasing, and may within a reasonable time be eliminated, further action does not appear necessary at present.

Chippenham Rural District.—The very crude method of disposal of the sewage from Box, consisting of sedimentation in a series of holes dug as necessity arises, in a limited area, gives a very poor effluent, confirmed by analysis. The observations of the District Council were formally asked in this matter, and a reply received indicating the great cost of any really efficient scheme. There is no doubt that Box presents difficulties which would render an efficient scheme a heavy undertaking at the present time.

Corsham, in this District, has the disadvantage of having two schemes, a high level and a low level. The latter apparently has no direct connection with the neighbouring tributary of the Avon, but the former has such a connection, and was not found entirely satisfactory.

The village of Lacock is drained by two main sewers which discharge directly into the Avon. Certain catch-pits on their course are periodically cleaned, but this does not prevent the discharge of crude sewage into the river, together with road washings.

Cricklade and Wootton Bassett Rural District.—Cricklade has no less than three outfalls, the greater part of the sewage being treated by broad irrigation on an eight-acre field, which appears to absorb it completely except in flood time when the Thames submerges the whole area, a smaller part being treated on a restricted site and leading to some pollution, and the remainder, from the new Council houses, being apparently purified satisfactorily in a small new bacteriological installation.

The modern disposal system installed at Wootton Bassett continues to yield an excellent effluent. No trouble has arisen so far from the waste from the Milk Factory, which was largely responsible for the destruction of the old works, and the disposal of this waste by pig feeding, as now practised, will probably render this unlikely in the future.

Highworth Rural District.—The sewage from Highworth is treated on two areas of land, the main outfall being at Eastrop, and the subsidiary outfall at Westrop. In dry weather both these outfalls appear to absorb all the sewage, but on the last inspection effluents were being discharged from both areas. The analysis of the Eastrop effluent was slightly below standard, but that from Westrop was quite satisfactory.

The outfall at Stratton St. Margaret was inspected in April, and was found still to be in the unsatisfactory and neglected condition previously reported. The Ministry had sanctioned the Rural District Council's application for a loan, upon which an Inquiry had been held in the previous December, but no contract was accepted for the work until the following May.

The sewage from Wroughton is dealt with by broad irrigation, and was producing a satisfactory effluent at the time of inspection.

Mere Rural District.—The sewage from Mere, after screening and upward filtration, is treated on land. A sample of the effluent which flows into a tributary of the Stour was taken in August, and gave a satisfactory analysis.

Pewsey Rural District.—The large village of Pewsey, with a population of about 1700 has no sewage disposal system, and the Avon receives considerable pollution from this source.

Tisbury Rural District.—The effluent from the Tisbury irrigation area gave a bad analysis for the third year in succession. As previously reported, this outfall had never been completed as originally planned, and the section which has been in continuous use since 1908 has now naturally become incapable of purifying the sewage.

In response to communications from the County Public Health Committee, an intimation was received in September from the District Council to the effect that they had agreed to extend the irrigation area, and that the extension would be complete in the early part of 1924.

The sewage from Hindon is treated by sedimentation, subsoil irrigation, and finally upward filtration through coke breeze. The effluent is apparently entirely absorbed by land, and no river pollution results.

WATER SUPPLY.

The average rainfall in the County for the year 1923 was 34.79 inches, as compared with 33.90 in 1922 and 18.16 in 1921, whilst the average number of days upon which rain fell was 199, against 180 and 147 in the two preceding years.

No Ministry of Health Inquiries with regard to proposed extensions of Public Water Supplies were held during the year.

FOOD AND DRUGS.

Neither the Sale of Food and Drugs Acts nor the Milk and Cream Regulations are administered by the County Public Health Department, but, as the Ministry requires a statement of action during the year under these heads, I have obtained the following information from the Inspectors for inclusion in this Report.

SALE OF FOOD AND DRUGS ACTS.—The following summary shows the nature of the samples submitted for analysis, as well as the number of samples found adulterated or unsatisfactory :—

Substances.					Number Analysed.	Number Adulterated or Unsatis- factory
Baking Powder	..	..	..	..	3	—
Beer	..	..	..	..	3	—
Butter	..	..	..	..	3	—
Chocolate Almonds	..	..	..	..	1	—
Cider	..	..	..	..	1	—
Cocoa	..	..	..	..	10	—
Condensed Milk	..	..	..	..	3	—
Cream	..	..	..	..	4	1
Cream Preserved	..	..	..	..	3	—
Cream of Tartar	..	..	..	..	2	—
Custard Powder	..	..	..	..	1	—
Lard	..	..	..	..	2	—
Margarine	..	..	..	..	3	—
Milk	..	..	..	..	165	15
Mustard	..	..	..	..	1	—
Rice	..	..	..	..	1	—
Self-Raising Flour	..	..	..	..	1	—
Skimmed Milk	..	..	..	..	1	—
Sponge Cake	..	..	..	..	1	—
Tartaric Acid	..	..	..	..	1	—
Whisky	..	..	..	..	2	—
White Pepper	..	..	..	..	1	—
					213	16

With regard to the 15 cases of adulterated milk, prosecutions were instituted in 12 instances whilst in the remaining 3 cases, and that of the unsatisfactory sample of cream, the vendors were cautioned.

MILK AND CREAM REGULATIONS, 1912-17.—The work under the Public Health (Milk and Cream) Regulations, 1912-1917, accomplished during the year was as follows —

Milk and Cream not sold as Preserved Cream—

					Number of Samples examined for the presence of a preservative	Number in which a preservative was reported to be present.
Milk	..	..	..	..	164	Nil
Cream	..	..	..	..	3	1 (contained 0.15% boric acid)

Cream sold as Preserved Cream—

Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct :—

Correct statements made	..	..	..	..	3
Statements incorrect	..	..	..	..	Nil

Determinations made of milk fat in cream sold as preserved cream :—

Above 35 per cent	..	..	..	..	3
Below 35 per cent.	..	..	..	..	Nil

8.—PUBLIC HEALTH STAFF.

A full list of the staff of the County Public Health Department, other than clerical, is given in my current Annual Report as School Medical Officer, and need not be repeated here. It consists of six whole-time and four part-time Medical Officers, three whole-time Dentists, and twelve whole-time Nurses, in addition to nearly eighty District Nurses who act as part-time health visitors and school nurses. All the members of the staff perform work in connection with School Medical Inspection, and the majority have also various duties within the control of the County Public Health and Housing Committee. The joint staff, including the clerical staff, hold their appointments directly under that Committee.

The work of the staff does not require further mention, with the exception of that connected with Mental Deficiency and Maternity and Child Welfare.

MENTAL DEFICIENCY ACT, 1913.

Dr. Monnington as part-time Mental Expert was called in to assist in the diagnosis of 24 cases of particular importance. This is a further reduction on the number for the previous years as the following table shows :—

	1923	1922	1921
(a) Cases brought before Courts of Summary Jurisdiction referred by the Magistrates for examination as to mental condition ..	6	8	3
(b) Cases under or above school age upon which a Specialist's report was desired by the County Mental Deficiency Committee ..	4	18	18
(c) Cases of school age upon which a Specialist's report was desirable	14	6	37
	<hr/> 24	<hr/> 32	<hr/> 58

MATERNITY AND CHILD WELFARE.

A total of 4,025 births was registered in the area of the County for which the County Council is responsible for child welfare. Of this total 3,925 births were notified under the Notification of Births Act, whilst the number of un-notified births was 100, and equivalent to 2.5% of those that should have been notified. This percentage compares with 3.8 in 1922, and shows a gratifying improvement in notification.

Each notification of birth is made the starting point of a system of supervision up to twelve months of age of the infant concerned, except, of course, where such supervision by the Health Staff is obviously not appropriate. In all but 624 cases, visits were thus made by either the whole-time or part-time staff, and about 16,600 further visits were paid to the 3,401 children thus kept under observation.

Co-operation has been maintained with most Boards of Guardians under the Children Act in the supervision of infants boarded out for gain, but certain Boards do not accept our help in this matter.

The steady decline in the infant mortality of the County, which has already been mentioned as comparing favourably with that of most Counties, is a great encouragement to all concerned in infant welfare in Wilts.

The work of the District Nurses under this head is included in the figures already given. The following more detailed statement refers to the whole-time staff only :—

**RECORD OF WORK DURING THE YEAR 1923 BY THE NINE WHOLE-TIME
HEALTH VISITORS AND SCHOOL NURSES.**

Area served by Nurse	Dispensary Attendances.	Visits to Tuberculous Patients.	Visits paid to Schools.	School Home Visits.	Number of Inspections of Midwives	Number of First Visits to Infants	Total Visits to Infants.	Other Visits.
Trowbridge	47	226	11	78	66	193	1302	70
Warminster	8	98	101	161	28	156	846	3
Chippenham	1	112	233	661	26	181	1095	14
Salisbury	45	312	84	95	104	95	491	27
Devizes	—	128	172	312	35	177	1486	8
Calne	—	56	290	377	7	135	1094	8
Swindon	48	628	51	153	75	18	82	29
Marlborough	2	219	286	301	72	80	280	11
Trowbridge (School nurse)	—	—	387	314	—	—	—	96
TOTAL	151	1779	1615	2452	413	1035	6676	266

9. HOUSING.

The County Council is not directly concerned in activities connected with the housing of the working classes, but the following table contains details from each Sanitary Authority in the County for inclusion in this Report, as required by the Ministry.

As in previous years, it will be seen that in some districts very little indeed has been done in the inspection of houses, or in obtaining repairs of dilapidated property.

Only 481 new houses in all were erected during the year as against 899 in 1922.

RURAL DISTRICTS.

Amesbury	Bradford-on-Avon	Calne	Chippenham	Cricklade and Wootton Bassett	Devizes	Highworth	Malmesbury	Marlborough	Melksham	Mere	Pewsey	Ramsbury	Salisbury	Tetbury	Tisbury	Warminster	Westbury and Whorwellsdown	Wilton	Total	Administrative County.
15	3	4	14	8	21	117	3	5	6	5	6	2	27		5	7	4	10	262	481
—	—	—	—	—	—	—	—	1	—	—	—	—	—		—	—	—	—	4	31
—	3	—	—	8	—	117	3	5	—	—	—	—	27		5	—	—	—	168	203
91	61	70	251	24	77	845	120	55	5	48	27	140	23		320	114	116	120	2507	5062
35	—	70	—	5	62	805	—	—	7	42	—	—	6		—	47	41	—	1120	2230
—	2	—	—	2	—	3	—	—	—	—	2	4	—		7	4	1	1	26	71
25	19	—	251	21	43	246	5	3	1	6	2	49	—		25	23	2	40	761	1493
19	23	5	—	20	64	202	12	11	1	6	50	26	18	Nil Return.	29	18	30	40	574	1327
—	—	—	—	1	1	—	6	—	—	—	—	4	—		—	9	8	—	29	138
—	—	—	—	1	5	—	1	—	—	—	50	2	—		—	4	7	—	70	116
—	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—
—	—	—	—	—	—	—	—	1	—	—	2	—	—		—	—	—	—	3	3
—	3	—	251	—	1	16	15	1	—	—	—	—	—		—	43	6	—	336	843
—	1	—	52	—	1	14	12	—	—	—	50	—	—		—	38	6	—	174	627
—	—	—	—	—	—	—	—	—	—	—	—	—	—		—	—	—	—	—	—
—	—	—	2	—	—	3	—	—	—	—	2	—	—		—	2	1	1	11	18
—	—	—	1	—	—	3	—	—	—	—	2	—	—		—	1	1	1	9	21
—	—	1	—	—	1	—	—	—	—	—	—	—	—		—	1	—	—	3	4
—	—	—	—	—	—	—	—	—	—	—	1	—	—		—	—	—	—	1	1
—	—	—	—	—	—	—	—	—	—	—	—	4	1		—	—	—	—	5	5

